

HERSHKOVITZ & ASSOCIATES
2845 DUKE STREET
ALEXANDRIA, VA 22314
703-370-4800

In re. Application of : Jerome D. JOHNSON Docket No.:P65332
Appln. No. : 09/739,448 Group Art Unit: 3626
Filed : December 18, 2000 Examiner: Natalie PASS
For : SYSTEM AND METHOD FOR PROVIDING CONFIGURATION AND
SALES INFORMATION TO ASSIST IN THE DEVELOPMENT OF
INSURANCE PLANS

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is **an AF AMENDMENT UNDER 37 C.F.R. 1.116** in the above-captioned application.

The fee has been calculated as shown below:

| Claims After Amendment | No. of Claims Previously Paid | Present Extra | Small Entity | | Large Entity | |
|-------------------------------------|-------------------------------|---------------|--------------|-----|--------------|-----------------|
| | | | Rate | Fee | Rate | Fee |
| *Total Claims: 46 | 44 | 2 | x 26= | \$ | x 52= | \$ 104 |
| **Indep. Claims: 6 | 6 | 0 | x 100= | \$ | x 200= | \$ |
| Multiple Dependent Claims Presented | | | +180= | \$ | +360= | \$ |
| Extension Fees for 3 Months | | | | \$ | | \$ 1,110 |
| | | | | \$ | | \$ |
| Total: | | | | \$ | Total: | \$ 1,214 |

* If less than 20, write 20

**If less than 3, write 3

☐ Please charge my Deposit Account No. **50-2929** in the amount of \$.

☐ A Check in the amount of \$ __ to cover the necessary fee is included.

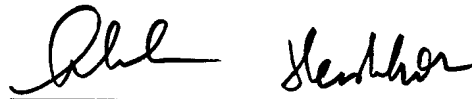
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☒ The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-2929**:

☒ Any additional filing fees required under 37 C.F.R. 1.16.

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January 30, 2009
Date


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